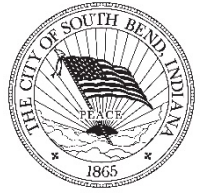




**SOUTH BEND  
ANIMAL CARE  
AND CONTROL**

# SOUTH BEND ANIMAL CARE & CONTROL

521 Eclipse Place, South Bend, IN 46628  
Phone: (574) 235-9303; Fax: (574) 235-7611  
E-mail: sbacc@southbendin.gov



## Lost Dog Report

Date Lost: \_\_\_\_\_ Time Noticed: \_\_\_\_\_  
Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_  
Last known whereabouts: \_\_\_\_\_

**Internal Use Only**

Animal #: \_\_\_\_\_  
Person #: \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Gender:  Female  Male **Altered?**  Neutered  Spayed

Breed: \_\_\_\_\_ Looks like: \_\_\_\_\_

Primary Colors: \_\_\_\_\_

Identifying Marks (spots, scars, unusual markings, etc.): \_\_\_\_\_

Coat Length:  Short  Medium  Long  Wirey  Curly  Clipped

Tail:  Long  Short  Docked  Feathered  Curled

Ears:  Stand  Flop  Long  Cropped **Habitat Type:**  Indoor Dog  Outdoor Dog  Both

Size:  Small  Medium  Large **Approximate Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Collar 1 - Color: \_\_\_\_\_ **Type:**  Leather  Nylon  Plastic  Choker  Flea  No Collar

Collar 2 - Color: \_\_\_\_\_ **Type:**  Leather  Nylon  Plastic  Choker  Flea  No Collar

Collar Tag Information - Tag 1: \_\_\_\_\_  No Tag

Collar Tag Information - Tag 2: \_\_\_\_\_  No Tag

Microchip Number: \_\_\_\_\_ **Microchip Brand:** \_\_\_\_\_  No Microchip

Is your pet familiar with the area it was lost?  Yes  No **Are you providing a photo?**  Yes  No

### Owner Information

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ **Okay to Release Contact Info?**  Yes  No

How long have you owned the dog? \_\_\_\_\_ **Veterinarian Name:** \_\_\_\_\_

From where did you adopt / purchase the dog? \_\_\_\_\_

Which other agencies have you contacted?  St. Joe Humane Society  Newspaper  Other: \_\_\_\_\_

Stolen report filed with:  South Bend Police Dept.  Mishawaka Police Dept.  St. Joe County Police Dept.  None

**Internal Use Only**

Date Received: \_\_\_\_\_ Staff Member Who Processed: \_\_\_\_\_

Staff Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_